

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

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|---|--|---|--|
| The MPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00069305 | 2 Total pages filed: 24 |
| 3 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 03/05/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP 919 Congress Ave., Suite 720 Austin, TX 78701 | | |
| 5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Ms. Andrea N. | NICKNAME LAST SUFFIX Pee | | Date Hand-delivered or Date Postmarked |
| | | | Receipt # Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 919 Congress Ave., Suite 720 Austin, TX 78701 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (512) | 495-9004 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR) | | |
| 10 MONTHLY REPORT FILING DEADLINE | <input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input checked="" type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | |
| 11 PERIOD COVERED | Month Day Year | THROUGH | Month Day Year |
| | 01/26/2024 | | 02/25/2024 |

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

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| 12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00069305 |
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|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported The Honorable Dade Phelan State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,615.23 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 23,907.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 90,816.82 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Andrea N. Pee
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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| | |
|--|---|
| 12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00069305 |
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| | | |
|---|--|---|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Trent Ashby State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Keith Bell State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Greg Bonnen State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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|--|---|
| 12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | 13 Filer ID (Ethics Commission Filers) 00069305 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Stephanie Klick State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported John Kuempel State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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| COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Stan Lambert State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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| | | |
|---|--|---|
| 12 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | | 13 Filer ID (Ethics Commission Filers) 00069305 |
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Jeff Leach State Representative |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
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SUBTOTALS - MPAC

| | | |
|--|--|---|
| 17 COMMITTEE NAME Texas Association of Nurse Anesthetists Political Action Committee | | 18 Filer ID (Ethics Commission Filers) 00069305 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,303.29 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 511.94 |
| 7. | <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ 800.00 |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 23,200.29 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 707.33 |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.52 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/11 Rpt: 7/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/18/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andersen, Jennifer | 7 Amount of Contribution (\$) \$41.67 |
| 6 Contributor address; City; State; Zip Code Midland, TX 79705 | | |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullerwell, Megan | Amount of Contribution (\$) \$30.00 |
| Contributor address; City; State; Zip Code Bellaire, TX 77401 | | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, T'anya | Amount of Contribution (\$) \$83.33 |
| Contributor address; City; State; Zip Code Dallas, TX 75235 | | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Abigail | Amount of Contribution (\$) \$83.33 |
| Contributor address; City; State; Zip Code Friendswood, TX 77546 | | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Gregory | Amount of Contribution (\$) \$83.33 |
| Contributor address; City; State; Zip Code Granbury, TX 76049 | | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/11 Rpt: 8/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cornelius, Brian <hr/> 6 Contributor address; City; State; Zip Code Burleson, TX 76028 | 7 Amount of Contribution (\$) \$83.33 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Rachel <hr/> Contributor address; City; State; Zip Code Houston, TX 77057 | Amount of Contribution (\$) \$83.34 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/12/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Charles <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Sonia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farmer, Masson <hr/> Contributor address; City; State; Zip Code Kemp, TX 75143 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/11 Rpt: 9/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/22/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frawley, Steven <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75209 | 7 Amount of Contribution (\$) \$83.33 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Vaughna <hr/> Contributor address; City; State; Zip Code Benbrook, TX 76126-4451 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gegel, Brian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258 | Amount of Contribution (\$) \$41.67 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Jessica <hr/> Contributor address; City; State; Zip Code BULLARD, TX 75757 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hukill, Susan <hr/> Contributor address; City; State; Zip Code Kyle, TX 78640 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/11 Rpt: 10/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 01/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson-Thomas, Deborah | 7 Amount of Contribution (\$) \$83.34 |
| | 6 Contributor address; City; State; Zip Code Hoy, TX 77074 | |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Ryan | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77018 | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Timothy | Amount of Contribution (\$) \$83.33 |
| | Contributor address; City; State; Zip Code Amarillo, TX 79101 | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kakenmaster, Kathryn | Amount of Contribution (\$) \$83.33 |
| | Contributor address; City; State; Zip Code Keller, TX 76248 | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Debra | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code Edinburg, TX 78541 | |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/11 Rpt: 11/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, DeaAnn <hr/> 6 Contributor address; City; State; Zip Code Parker, TX 75002 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meter, Grant <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michinock, Jessica <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Tammy <hr/> Contributor address; City; State; Zip Code Houston, TX 77080 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/28/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Timothy <hr/> Contributor address; City; State; Zip Code Missouri City, TX 77459 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/11 Rpt: 12/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/05/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joseph <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78736 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 01/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nick, Michael <hr/> Contributor address; City; State; Zip Code Abernathy, TX 79311 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Leann <hr/> Contributor address; City; State; Zip Code Austin, TX 78745 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, David <hr/> Contributor address; City; State; Zip Code Ft worth, TX 76133 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Omoni, Peter <hr/> Contributor address; City; State; Zip Code Katy, TX 77494 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/11 Rpt: 13/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pichon, Arianne <hr/> 6 Contributor address; City; State; Zip Code Buda, TX 78610 | 7 Amount of Contribution (\$) \$41.67 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rader, Haley <hr/> Contributor address; City; State; Zip Code Houston, TX 77098 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rao, Jacob <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Troy <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Catherine <hr/> Contributor address; City; State; Zip Code Granbury, TX 76049 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/11 Rpt: 14/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 01/31/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Brittaney <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206 | 7 Amount of Contribution (\$) \$62.50 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Robert <hr/> Contributor address; City; State; Zip Code Texas, TX 76017 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Karrie <hr/> Contributor address; City; State; Zip Code Caldwell, TX 77836 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/26/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Kay <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/15/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudieri, Louise <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$62.50 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/11 Rpt: 15/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaffer, Scott <hr/> 6 Contributor address; City; State; Zip Code Salida, CO 81201 | 7 Amount of Contribution (\$) \$83.33 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, William <hr/> Contributor address; City; State; Zip Code amarillo, TX 79124 | Amount of Contribution (\$) \$41.67 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 01/31/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Miriam <hr/> Contributor address; City; State; Zip Code San Antinio, TX 78251 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/05/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulinski, Jessica <hr/> Contributor address; City; State; Zip Code Georgetown, TX 78626 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Meter, Grant <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 10/11 Rpt: 16/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vera, Martha <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77584 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Micah <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75483 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walford, Brian <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904 | Amount of Contribution (\$) \$83.33 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Brian <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78552 | Amount of Contribution (\$) \$41.67 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |
| Date 02/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> Contributor address; City; State; Zip Code Corpus Christi, TX 78414 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/11 Rpt: 17/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 01/26/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Diana <hr/> 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Certified Registered Nurse Anesthetist | | 9 Employer (See Instructions) |

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C3: Sch: 1/1 Rpt: 18/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/01/2024 | 5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists | 6 Amount (\$) 416.00 |
| Date 01/26/2024 | Corporation / Labor Organization name Texas Association of Nurse Anesthetists | Amount (\$) 95.94 |

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

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|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule C4: Sch: 1/1 Rpt: 19/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 02/16/2024 | 5 Corporation / Labor Organization name Texas Association of Nurse Anesthetists | 6 Amount (\$) 400.00 |
| Date 02/02/2024 | Corporation / Labor Organization name Texas Association of Nurse Anesthetists | Amount (\$) 400.00 |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | | |
|----------|--|-----------------------------|---|---------------|--|--|
| 1 | Total pages Schedule F1: Sch: 1/3 Rpt: 20/24 | 2 | FILER NAME Texas Association of Nurse Anesthetists Political Action | 3 | Filer ID (Ethics Commission Filers) 00069305 | |
| 4 | Date 02/02/2024 | 5 | Payee name American Express Merchant Services | | | |
| 6 | Amount (\$) \$200.29 <input type="checkbox"/> Expenditure from corporate funds | 7 | Payee address; City; State; Zip Code PO Box 53852 Phoenix, AZ 85072-3852 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Accounting/Banking | (b) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing of campaign contributions. | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| | Date 02/15/2024 | | Payee name Dade Phelan Campaign | | | |
| | Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds | | Payee address; City; State; Zip Code P.O. Box 848 Nederland, TX 77627 | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| | Date 01/31/2024 | | Payee name Greg Bonnen Campaign | | | |
| | Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | | Payee address; City; State; Zip Code 174 Calder Rd. Ste. 116 League City, TX 77573 | | | |
| | PURPOSE OF EXPENDITURE | (a) | Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 21/24 | 2 FILER NAME Texas Association of Nurse Anesthetists Political Action | 3 Filer ID (Ethics Commission Filers) 00069305 |
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| 4 Date 02/07/2024 | 5 Payee name Jeff Leach Campaign |
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| 6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P.O. Box 866186 Plano, TX 75086 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/31/2024 | Payee name John Kuempel Campaign |
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| Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 902 E. College St. Seguin, TX 78155 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/30/2024 | Payee name Keith Bell Campaign |
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| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO BOX 1178 Forney, TX 75126 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
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| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 22/24 | 2 FILER NAME Texas Association of Nurse Anesthetists Political Action | 3 Filer ID (Ethics Commission Filers) 00069305 |
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| 4 Date 02/16/2024 | 5 Payee name Stan Lambert Campaign |
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| 6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P.O. Box #3752 Abilene, TX 79604 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/29/2024 | Payee name Stephanie Klick Campaign |
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| Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P.O. Box 7592 Fort Worth, TX 76111 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 01/30/2024 | Payee name Texans for Trent Ashby |
|--------------------|--------------------------------------|

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| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 412 Lufkin, TX 75902 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign contribution. |
|-------------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F2: Sch: 1/1 Rpt: 23/24 | 2 FILER NAME Texas Association of Nurse Anesthetists Political Action | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date 01/29/2024 | 6 Payee name Stone House Restaurant | |
| 7 Amount (\$) \$707.33 <input type="checkbox"/> Expenditure from corporate funds | 8 Payee address; City; State; Zip Code 5201 Colleyville Blvd Colleyville , TX 76034 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising food and beverages supporting Stephanie Klick Campaign. |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: Sch: 1/1 Rpt: 24/24 |
| 2 FILER NAME Texas Association of Nurse Anesthetists Political Action Committee | | 3 Filer ID (Ethics Commission Filers) 00069305 |
| 4 Date 01/31/2024 | 5 Name of person from whom amount is received University Federal Credit Union | 8 Amount (\$) \$0.02 |
| 6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 | | |
| 7 Purpose for which amount is received Interest. <input type="checkbox"/> Check if political contribution returned to filer | | |
| Date 01/31/2024 | Name of person from whom amount is received University Federal Credit Union | Amount (\$) \$0.50 |
| Address of person from whom amount is received; City; State; Zip Code Austin, TX 78704 | | |
| Purpose for which amount is received Interest. <input type="checkbox"/> Check if political contribution returned to filer | | |